

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

RECEIVED  
FEC MAIL CENTER  
2017 MAR -2 AM 7:18

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

TRADITIONAL MARRIAGE COALITION

ADDRESS (number and street) 109 WALKER STREET

Check if different than previously reported. (ACC)

EUSTACE CITY TX 75124

2. FEC IDENTIFICATION NUMBER

000582064

3. IS THIS REPORT NEW OR AMENDED (N) OR (A)

4. STATE DISTRICT

For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE) and/or Semi-annual Report
- ☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period  
Special (12S) Convention (12C)  
M M / D D / Y Y Y Y in the State of See Line 6(b)

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period  
M M / D D / Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period

This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30  
July 1 - December 31

7. Total Reportable Bundled Contributions by (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period

Lobbyists/Registrants or Lobbyist/Registrant PACs 000 000

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARK SANDERS

Signature of Treasurer

Mark Sanders

Date 02 24 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

FEC FORM 3L  
02/2009